City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(G. E. St. CLAIR STOCKWELL, B.A., M.B., B.C.)

For the year ended 31st December, 1939

Jowett & Sowry, Ltd., Leeds.

City of Leeds

EDUCATION COMMITTEE

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For the year ended 31st December, 1939

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LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Alderman R. H. Blackburn (*Chairman*).

Alderman H. Morris.
Councillor R. M. Gabriel.
" Bertha Quinn.
" J. W. Wootton.
Councillor E. Bullus.
" Lilian Hammond.
" J. Tait.

Co-opted Members :
Mrs. D. Murphy.
Mrs. F. Mattison.

MEDICAL STAFF

School Medical Officer—G. E. St. Clair Stockwell, B.A., M.B., B.C.

Full-time Assistant School Medical Officers—

Maurice E. Willcock, M.B., Ch.B., D.P.H.

Frances M. Bebb, B.A., M.B., Ch.B. (*Resigned 31st August*, 1930).

Herbert Hargreaves, M.B., B.S.

Ronald Wood, M.B., Ch.B.

Irene M. Holoran, M.B., Ch.B., D.C.H.

Gwendolen F. Prince, M.B., Ch.B., D.C.H.

Bernard Schroeder, M.B., Ch.B.

Herman G. Hutton, B.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H. (*Joined H.M. Forces 10th December*, 1930).

William Hobson, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (*Left 20th April*, 1930), Temporary appointment.

Consulting Surgeon (*Nose, Throat and Ear*)—Alexander Sharp, C.B., C.M.G., K.H.S., F.R.C.S.(Edin.).

Consulting Surgeon (*Orthopædic*)—Reginald Broomhead, M.B., Ch.B., F.R.C.S.

Consulting Ophthalmic Surgeon—G. Black, M.B., B.S. (Lond.), F.R.C.S.(Eng.).

MEDICAL STAFF—(*continued*).

Senior School Dental Officer—R. DRUMMOND KINNEAR, L.D.S., R.C.S.

Full-time Assistant School Dental Officers—

ARTHUR B. MORTIMER, L.D.S.
DAVID E. TAYLOR, L.D.S.
NORMAN K. DAVISON, L.D.S., R.C.S.
E. EMERSON GIBSON, L.D.S.(Eng.) (*Joined H.M. Forces 19th November*, 1939).
ARTHUR H. GREEN, L.D.S.
HENRY E. GRAY, L.D.S.
GEORGE M. S. MCGIBBON, L.D.S., R.C.S.
LAWRENCE MORAN, L.D.S.
J. WALTER SHAW, L.D.S., R.C.S., H.D.D.
DOUGLAS M. MCGIBBON, L.D.S.
JOHN MILLER, L.D.S.

School Nurses—

ISABEL FERGUSON (*Senior Nurse*).
JANE TOTTIE.
GERTRUDE SMITH.
CARRIE LEWIS.
HELENA SIMPSON.
EVELYN LOWE (*left 6th February*, 1939).
ELSIE K. BRIGGS.
ANNIE A. POSKITT.
MONA K. MACPHERSON.
SARAH E. WEBSTER.
GERTRUDE M. PENFOLD. (*Joined H.M. Forces 31st August*, 1939).
GRACE E. PRIOR.
BESSIE ATKINSON.
EVELYN GANT (*left June*, 1939).
ETHEL WILSON.
ELIZABETH M. WHURR.
HILDA MOODY.
EMMA M. HEARNSHAW.
MARY CHERRETT.
ELIZABETH M. BENSON.
EDITH D. WYNN.
LILIAN MOODY.
MINNIE ABBOTT.
ALICE SHACKLETON.
MATILDA HOLMES (*Joined H.M. Forces 10th Sept.*, 1939).
MARY L. BUSSEY (*Joined H.M. Forces 19th Sept.*, 1939).
G. MARY TAYLOR

Masseuses—

WINIFRED WEAR.
KATHLEEN M. OGILVIE
MARJORIE HENDERSON
MARION E. SWINGLEHURST

Dental Attendants—

MARY E. MORTIMER.
GRACE E. BROWN.
DORA JEWELLS.
WINIFRED LEISHMAN.
DOROTHY COULSON (*left 31st August*, 1939).
CICELY M. BAXTER.
MARION HUDSON.
NANCY M. RUSH.
EDITH WILSON (*left 31st Dec.*, 1939).
MOLLIE W. PARK.
JOAN SENIOR.
MARJORIE M. HIXON.

Speech Therapist—

BLANCHE JACKSON (Mrs.).

CITY OF LEEDS

EDUCATION DEPARTMENT

Report of the School Medical Officer for the year ended the 31st December, 1939.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds for the year ended the 31st December, 1939.

The year under review has been probably the most difficult since the beginning of the School Medical Service by reason of the war and the resulting evacuation.

Up to the end of July, the child health in the city continued to show improvement and to justify the Service, and it is gratifying to report that our relationship with every branch of the Medical Profession not only remains good, but shows that causes of friction in early days have been largely removed by goodwill.

The desire of the staff is to be of service, not only to the children, but to the community as a whole.

The principle remains of keeping every child with a known defect under constant observation and, as far as possible, treatment, until he or she passes finally out of our hands. Our aim must always be that each individual leaver is capable of living in the community and not on it, by deriving full benefit from his education, a result that can only be reached by full co-operation between parent, teacher and doctor—all working for the ultimate good of the child—a point not always accepted by the parents leading unfortunately to "Blind Alley" employment, especially in the case of handicapped or subnormal children.

Staff Changes

Dr. F. M. Bebb resigned in September owing to ill-health. She has been a loyal servant to this Committee as Assistant School Medical Officer for sixteen years and was, before entering Medicine, a successful secondary school mistress in the city. In all she has given twenty-three years' service to the children of Leeds, and her departure will be as much regretted by them as by the staff. In addition, one Medical Officer (Dr. Hutton), one Dental Officer (Mr. Gibson), and three Nurses (Penfold, Holmes and Bussey) are

serving with His Majesty's Forces. One Nurse and two Dental Attendants have resigned on marriage and have not been replaced. Neither the permanent vacancy caused by Dr. Bebb's resignation nor the temporary ones by war service have been filled and every attempt will be made to carry on, but it is doubtful if this will be possible indefinitely.

Return of Number of Children on Roll on the 31st July, 1939.

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
Elementary—			
Council	73	159	45,516
Voluntary	54	93	16,376
Higher—			
Maintained	13	13	5,103
Non-maintained	5	5	2,230
Home Office	2	2	206
Special—			
Mentally Defective ..	5	5	422
Physically Defective ..	1	1	98
Blind and Partially Sighted	2	2	140
Deaf	1	1	110
Sanatorium	2	2	83
Nursery	2	2	141
Open Air	1	1	240
Total	101	286	70,665

Evacuation

This has been the most important event of the year. In the Spring preliminary arrangements were made in full detail including the decision that children attending Special (Part V.) Schools, should be evacuated *en bloc* and not into individual billets and, whilst the work of the Medical Section falls largely amongst these, work was also done for other evacuees.

All entraining stations had a doctor in attendance in case of emergency, but no attempt could be made to examine any children there, as generally not more than twenty minutes elapsed between the arrival of children and the departure of the train. No previous general examination was possible as less than twenty-four hours' notice was received. Nurses accompanied all long distance trains, and others took duty at places where children were embussed. Medical Officers supervised the evacuation of all Special Schools, and the Hunslet Nursery School, and the Dental Officers did a great deal of work supervising the loading and dispatch of furniture and equipment required for these groups.

When evacuation was completed, all clinics were closed down and there was for a time a complete stoppage of all medical work. We were given to understand that regulations did not permit the services of the doctors to be used at Aid Posts and the like, but all Nurses did their share in taking duty until the re-opening of clinics brought them back, and the Dental Officers did good work in helping to equip Aid Posts and taking inventories.

The time of the Doctors was soon filled up by the abstraction of records of evacuated children, for every one of whom cards containing essential facts were sent to Receiving Authorities. But, as the number of evacuees fell below expectation and, further, the numbers returning home became so large, it was felt that there

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EVACUATION.

Written before the receipt of the Min. of Health Circ. 1965, and Memo. Ev. 8.

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treated were far below those who needed care, and even now, since attendance is voluntary, parents appear to think that clinic visits can be neglected, and it is a glaring fact that even under normal conditions only two appointments out of three are kept. Still it was obvious that there was much work to be done and it was with regret that a request from the West Riding for the services of a Doctor could not be met, partly owing to shortage of staff. Offers of Nurses' services to them have not been accepted up to date, and now it is unlikely that any could be spared.

As no attempt could be made to examine every child before evacuation, it was not surprising that we both heard and read of uncleanliness being common. Everyone associated with the School Medical Service knows by experience that the August holiday is the time when cleanliness becomes slack, and the September period always calls for drastic action by Nurses.

I have pointed out repeatedly that one careless mother can be responsible for a whole class of children, and even more, becoming infested, including many whose parents take every care and whose record has been previously quite clean. Even if it is allowed that

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The time of the Doctors was soon filled up by the abstraction of records of evacuated children, for every one of whom cards containing essential facts were sent to Receiving Authorities. But, as the number of evacuees fell below expectation and, further, the numbers returning home became so large, it was felt that there must be many children who needed examination and treatment. Clinics were, therefore, opened on a full-time basis on the 4th October. Arrangements were made for Doctors, Dentists, and Nurses to be in attendance until "Black Out" time every week day, and this practice continued. To reduce risk, except on the first visit all attendances were by appointment and arrangements made for convoying any children to shelter in case of raids. Such shelter was in some cases on the premises, and in others very near at hand. Attendances, however, were poor and compared unfavourably even with holiday times. Invitations for dental treatment, refraction and so forth, brought very little response and even more casual visits for Impetigo were very irregular.

For some weeks until the schools began to re-open the numbers treated were far below those who needed care, and even now, since attendance is voluntary, parents appear to think that clinic visits can be neglected, and it is a glaring fact that even under normal conditions only two appointments out of three are kept. Still it was obvious that there was much work to be done and it was with regret that a request from the West Riding for the services of a Doctor could not be met, partly owing to shortage of staff. Offers of Nurses' services to them have not been accepted up to date, and now it is unlikely that any could be spared.

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I have pointed out repeatedly that one careless mother can be responsible for a whole class of children, and even more, becoming infested, including many whose parents take every care and whose record has been previously quite clean. Even if it is allowed that

some children may have been infested in their billets, it remains a fact that unclean children were evacuated with consequent infestation not only of other evacuees, but also, of children in the Receiving Areas. Before the second evacuation, every child was examined and not permitted to leave unless cleanliness was absolute, adequate time being given to the parent in every case. But it was also apparent that a big proportion failed to attend for inspection and, therefore, were not evacuated. Foster-parents cannot be expected to take the same care as actual parents, and many children were undoubtedly sent home, even if infested after arrival. Whilst the number of these children on the day of departure was probably fairly small, the condition became much worse in a few days and arrangements to deal with the problem broke down. There was dissatisfaction on both sides. In the not impossible event of another evacuation, time again may not permit of a thorough cleanliness examination and, therefore, plans should be made beforehand for dealing with such cases, for it is not only the examination that is important but arrangements for the necessary treatment of children to include, for example, drastic hair cutting which calls for parents' consent.

I doubt if foster-parents would undertake such cleansing ; they might expect children to arrive clean, and the onus only of keeping them so be on them. It has never been the policy of your Committee that School Nurses should do more than advise parents except in cases of hardship and, if Nurses had to undertake this unpleasant task, a large increase in staff would be necessary to do work that parents ought to do themselves. But exceptional circumstances demand special treatment. Examination should take place before departure and either infested children should be kept back or evacuated into specially selected billets other than private houses, for if such inspection be delayed until even a day or two after arrival, there will be many more children to cleanse. This is not the only problem of evacuation ; it may be the commonest. But it is within common knowledge that many children returned home because of behaviour conditions (not always on the part of the child) and that children in need of constant treatment had many changes of billets.

It is evident that there are children who are unsuitable for any billets and that there are many more who are only suitable for some and that the system of placing any child in any billet needs drastic revision.

Further, arrangements must be made for medical treatment of sick and ailing children. The services of the Doctor and Dentist are provided, but there is greater need for " Sick Bays " for those

who, whilst possibly not ill enough for Hospital, are not suitable for treatment in billets. A child with bronchitis may be dealt with in his own home and yet not in a billet by reason of the onus put on the foster-parent. Bed wetters are a nuisance to billet holders and would be better dealt with in what might be called Boarding Houses. It is probable that of elementary school children (*i.e.*, from 5-14) one in six is unsuitable for general billeting. School Medical Officers know many of these children—teachers know more—some will be found after arrival—but all should be dealt with on special lines in the interests of the child more than the householder.

Empty houses staffed and equipped for these various types of children are essential in the absence of adequate numbers of hutted camps (which it is understood are only considered suitable for children of 11 and over).

The staffing problem must be a big one with young children who cannot even wash and dress themselves or get out of bed in the dark for sanitary purposes. Feeding would be easier as children will often eat in a group what they will not eat at home.

There is a definite need now for :—

1. Boarding Houses with "Sick Bays,"
2. Hutted Camp Schools.

and the accommodation should be for 15 per cent. of the evacuated children.

Leeds did arrange for group evacuation of Special School children before the war and even if the number who went (let alone the number remaining) was not as big as might have been wished, the benefit to the children concerned has been so great as to justify a far greater experiment. Almost without exception, parents who have removed their children from Residential Schools have commented on their improvement, and have put forward their own wishes as an excuse and not the good of the children. Clothing is much more easily arranged according to our experience in group evacuation, parents more readily supplying necessaries. Billet holders have frequently reclothed children at their expense only to find that the parents remove them—clothes as well—at their next visit.

Billeting Officers have done an amazing task and it must be disappointing to them that their efforts have been so largely wasted, and there is very little encouragement to them to begin again. The faults cannot be all on one side, and although evacuation has not been the success expected up to date, the next one will require clearer instructions both for evacuating and receiving authorities.

The one essential is that every evacuated child can be suitably billeted in a residential hostel if unsuitable in any way for a private billet. But such hostels will need to be arranged before hand.

Leeds has cause to be grateful to the School Medical Staffs of Receiving Authorities for their services to our children.

Routine Inspection.

All statutory duties were fulfilled during the time schools were open and beyond the fact that more schools are now working on the new system mentioned in my last report, there are no changes to report.

As soon as a school has been re-opened, the systematic inspection has begun, but until there is again compulsory attendance, the children who are in most need of care will be those who are not in attendance.

Following up and Uncleanliness.

The work of the School Nurses has continued and the only point I desire to call your attention to is the question of uncleanliness.

Comparisons with last year's figures will be of no use, as there are only seven months' findings. But it will be seen from Table xii, p. 36 that it is so often the same children who are unclean and a danger to the community.

There is no doubt that some of the more dangerous infectious diseases are lice-borne, as for example, what was known even two or three generations ago as "Gaol" or "Camp" fever and even if these are practically unknown in this country to-day, a few imported cases might begin a very big epidemic.

Whilst the regulations of the Board of Education give local authorities "power" to cleanse, it is doubtful if this includes the compulsory cutting of hair which is absolutely essential.

Nutrition and Provision of Meals.

In common with other things, the supply of meals, including milk, ceased on the outbreak of war, and consequently comparisons with previous years are impossible.

From the 1st January to the 31st July, 371,660 meals were supplied, an average of about 53,000 a month. In August, however, this dropped to 31,888 —a feature that always occurs in holiday periods and one that is distressing. Children need their dinners as much in holiday periods, if not more, and yet the attendance is always worse.

There is another notable fact to which attention has been called before, namely, that only about 40 per cent. attend for their dinners on Saturday and that on the other days in the week, the percentage attending varies—Friday, for example, is not a good day, but not so bad as Saturday. The highest number catered for

was 3,083 for the week beginning the 20th February, and the lowest 2,393 for the week beginning the 31st July. Another fact is that there are so many children eligible for meals whose parents do not apply, although constant reminders are given. Every child in receipt of free milk can also have its dinner on application and yet there are 3,100 children who had free milk who never attended for dinners. The machinery of supply exists and one is forced to the conclusion that some kind of stigma must exist in the eyes of the parents, especially as all these are children who on income scales alone would be fed. This is a very unsatisfactory position, but the remedy is not clear, short of absolute compulsion.

Sir Arthur MacNalty in his annual report for 1938, on the "Health of the School Child" calls attention to this point saying that reliance on parental application is entirely inadequate and results in under-nourished children receiving no supplementary nourishment, but beyond suggesting periodical "nutrition surveys" no advice is given as to how children are to be made to attend. It is stated that for the "necessitous" undernourished child "free" school meals are provided to enable him to obtain full benefit from the education provided for him, both mental and physical. The satisfaction of hunger does not mean that a child is being rightly fed. So it is not only the question of food, but of the right food. Sir Arthur goes on to say that no better place could be chosen for training children in good food habits than the school canteen or feeding centre if adequate, properly prepared and attractive meals are served there.

It is obvious that there are two separate problems—the first concerns the child who is fed on the income basis alone, where there may or may not be any medical reasons. That such children shall be fed is the wish of every one, and Leeds is far from backward in its machinery for so doing. Such a child can be, and is, fed by a direct application to the teacher, but it is difficult to see how further improvement can take place without parental concurrence and backing. The second group consists of those children who need feeding for medical reasons, such as a long continued illness, either acute or chronic, bad family history or poor natural physique (for, as I have often pointed out, there must be discrimination between physique and nutrition). Here, the word "necessitous" does not apply in its accepted sense in that they are not at present eligible for "free" feeding, and unless the parents will pay, the child receives no additional nourishment. As will be seen later, large numbers of these are getting milk, but the fact remains that there are lots of children who seem to need other feeding than that they are getting. Many of these have what is so well described as a

" fictitious " appetite and even if the word is wrongly used, its application is very illustrative.

At all our Special Schools a very excellent dinner is available, yet we still find the most dreadful meals brought in—costing far more money and with a quarter of the value.

Likes and dislikes of certain articles—food neuroses, in spoilt or only children especially, but not confined to them—are consequently given way to and constant " bits and pieces " given, with the result that the child never has an appetite at the right time and never shows the energy or the desire for action of the normal. For this reason it is the general practice in Leeds for milk to be drunk as early as possible, mostly before 9.30 a.m. and not at play time, for it was so often found that they did not eat their dinner at noon. With the overloading of carbohydrates in the usual child's breakfast, the milk acts to some extent as a corrective and the digestive organs get their proper periods of rest. It is, therefore, interesting to report that the consumption of milk kept up to the average. 4,466,061 bottles were drunk up to July, of which 659,907 were free issue, exclusive of holidays, an average of over 5,000 bottles a day. The maximum consumption on any one day was 39,387 bottles—a very good percentage, which one would like to see constant. In all some 6,200 children received free issues during the period, showing that only half made any use of the availability of a hot mid-day meal.

In the same week that any school re-opened the Milk Scheme has begun again, and already is working well. Over 50 per cent. of the children in attendance are getting their daily bottle and the figures increase weekly. The free issue is not, at present, up to expectation, which may be partly accounted for by the numbers of children remaining evacuated for whom no contributions are paid and partly because certain large groups have not yet resumed attendance, but it is early to speak with authority.

During the period under review 11,025 lbs. of Extract of Malt and Cod Liver Oil were issued to children.

At the time of writing, the provision of mid-day meals has not been re-started and it is to be hoped that the delay will be as short as possible. Re-opening of the Centres might well coincide with improvements in some of the points the Special Sub-Committee investigated last Spring, such as (1) quicker delivery from the Central Kitchen to the dining rooms, (2) better accommodation in some places, including a more adequate supply of cutlery and crockery, (3) better supervision, including both cleanliness and behaviour, points of considerable value in any educational system.

The experiment of a self-contained canteen at Coldcotes will be watched with great interest, as it ensures that all children, whether they are fed without cost to the parent or on payment, will sit down together under delightful conditions. It is gratifying to hear that teachers are volunteering to help in the supervision—another example of their interest in their pupils, for it is not part of their duty. Menus are now being drawn up of suitable, adequate and attractive meals that will be available.

There is a growing demand for meals on payment (the numbers are double those for 1938) and it is to be hoped that it may be possible to arrange a sliding scale of payment for these dinners, as so often the most distressing cases are just above the free scale, even with the elasticity allowed.

The supply of apples to those in receipt of free meals has continued. It is much appreciated and in undoubtedly beneficial, although it is not possible to produce figures showing physical improvement, but head teachers in general report very favourably on the experiment.

Thus all necessitous children on the income scale have the opportunity of :—

1. A hot mid-day meal.
2. A bottle of milk (usually before 9.30 a.m.).
3. An apple.

ensuring nearly half the calory value required daily by each child.

It is not yet known how far rationing will affect this provision, for although undoubtedly the kitchens will be " catering establishments," it may be that some coupons will be necessary to bring up the quantities to the necessary amounts.

Observations, though small in number, since medical inspection began again do not yet point to any deterioration, but this is being watched carefully.

The investigation of the known cases of bad and a proportion of those of subnormal nutrition continued up to July and will recommence shortly. It is regretted that no findings are yet available but it will be understood that a mere visual impression is not a test of nutrition, which calls for a picture of the child in every dimension including heredity, physique, social and economic conditions.

The period under review confirms our opinion, that the provision of suitable food is not the only essential for a growing child and that all the other points in what is known as Health Education are equally important. These include rest, exercise, cleanliness, fresh air, and so forth.

We know that a proper diet must include an adequate supply of certain chemical elements to allow for both building up the body and the elimination of used products. It must contain the necessary vitamins as well as energy producing units or calories. Further, all these must be given in a form acceptable and palatable to the child at proper intervals, having regard to individual idiosyncrasies. The whole question of nutrition is very complex and a definition of what is the normal state is badly needed.

The number of cases labelled "Malnutrition" in the period is still very small and may be taken as a correct estimate, but even some of these are children who have been ill for long periods, and I cannot trace two members of the same family amongst them. Improper or unsuitable feeding is still the trouble and is not confined to any one class. The real point at issue is "How can nutriment be supplied to children on any other than an income basis?"

Open-Air Education.

There is nothing to add to what was said last year, except that the School Camp was, of necessity, closed earlier. The chief points mentioned then will need consideration at the proper time.

Minor Ailments and Skin Diseases.

Work at the Clinics showed little sign of decrease in the early part of the year. As pointed out elsewhere it is to be regretted that more use was not made of the services when facilities were offered in October.

Scabies has been on the increase in the latter part of the year and often remains untreated far too long with consequent infection of other members of the household and worse still of frequent re-infection of children because other members of the family remain untreated.

External Eye Diseases and Vision.

Work has continued on the same lines and once again one must regret the number of broken appointments, especially for refraction. Even under pre-war conditions, some 30 per cent. failed to appear in term time and more in holidays.

The re-opening of the clinics in October gave us a chance of getting on with this work, but although parents were given definite times to attend with the promise of no delay, the attendance was bad. Only 49 per cent. of those invited made an appearance, although no invitations were sent for children known to be evacuated. Arrangements have been made with the General Infirmary for the orthoptic treatment of squint whereby school children in the city are referred by Mr. Black, the Committee's Consulting Ophthalmic Surgeon for the necessary treatment, and remain under his supervision. Every case is seen by him at the Central Clinic and there is no financial responsibility except for the cases he recommends. It is unfortunate that the start was upset by the war, for restriction

of beds has not permitted the admission as in-patients of those needing operation. Otherwise the scheme is working, and the following report by Mr. Black is of interest.

"The new development gives official recognition to the admirable work already done and will make it possible for every child at school with a squint to receive a full course of treatment when necessary.

These clinics are termed orthoptic clinics and in future special sessions will be devoted to children referred by the School Medical Department. It may be of interest to describe the process of sifting the children to discover those that are in need of special orthoptic training. The school nurse or teacher notes any child with a squint and makes a report to the Medical Officer. The child is carefully tested at one of the school clinics and in a majority of cases glasses are ordered. Following the use of glasses alone, about one-third of squint cases are cured. Any cases that do not respond to this simple treatment are referred to the central clinic for examination by the consulting ophthalmic surgeon. He may prescribe further treatment, but he is likely to refer most cases for a course of eye exercises or operation.

The object of all treatment of squint is to restore binocular vision. It is well known that a squinting eye is a "lazy" eye and treatment is directed towards re-activating the vision of the squinting eye and re-integrating it with the other eye in a parallel position.

It is common knowledge that squints in childhood tend to disappear without treatment as the individual becomes adult. This cure, however, is deceptive, being only a cosmetic one and leaving the individual after with a grossly defective eye from a visual standpoint. The modern ideal is to obtain a perfect cosmetic and visual result. There is no reason why a squinting child should not have two perfect eyes as an adult, provided it is treated actively before the age of eight. The early stages of treatment of these cases must be carried out in the pre-school period. As soon as the squint manifests itself, orthoptic training is an indispensable aid to treatment. It sometimes suffices alone in conjunction with the wearing of glasses, but frequently it is to be regarded as an essential preliminary to operative treatment.

Cases in the future will be treated in the orthoptic school clinics for a period. The number of attendances sometimes reaches fifty and children have two or three sessions weekly. Children who need operative treatment in addition to other aids will be placed on a waiting list for early admission to hospital. Such cases return for final exercises often on their discharge from hospital."

It may well be that these children will need the care of a partially sighted class for a time if the best results are to be obtained.

The development of this service, like others, will depend on the co-operation of parents.

Ear, Nose and Throat Defects.

The Department has continued as usual except that the Public Dispensary has not been able to take in-patients and, consequently, there has been some delay over operations, but this has now been overcome.

Mr. Sharp's services are again being used.

Orthopædics.

Except that cases for operation have been admitted to the Marguerite Hospital instead of the General Infirmary, there are no changes to report.

Mr. Broomhead has continued his work.

Rheumatism, etc.

It is hoped that the proposed Residential School will be started at the earliest possible moment.

Tuberculosis.

Arrangements as in previous years for the interchange of information with Dr. Tattersall, the Chief Clinical Tuberculosis Officer, have continued.

REPORT OF THE SENIOR SCHOOL DENTAL OFFICER.

MR. R. DRUMMOND KINNEAR, L.D.S., R.C.S.

Upon the outbreak of war the members of the Staff, Attendants as well as Officers, were called upon to perform a variety of unusual duties for the first few weeks. While the Officers were assisting in the work of evacuation and in the First Aid Posts of the City the Attendants were compiling lists and records of evacuated children. These lists were intended for use in the clinics and also to assist the Reception Area Authorities in dealing with the children sent to them.

It may be of some significance that of the children over six years of age who were evacuated, nearly 70 per cent. were dental acceptances. It may not be unreasonable to suggest that the type of parent who, in normal times, considers the welfare of their children as evidenced by their desire to have their teeth attended to, were also the parents who took advantage of the chance to send the children to a safe area, subordinating their own feelings for the welfare of the children.

Arrangements in Reception Areas for the treatment of evacuees were not fully understood by all concerned, which was not surprising in the general upheaval. As conditions became more settled the Dental Staffs were able to deal with the greatly increased numbers of children under their care although it may have been necessary to restrict the type of treatment, as was suggested by the Board of Education, as a preliminary measure.

The Reception Authorities were willing to grant the same attention to the evacuees as their own children would receive, and even under the Board's original recommendation that treatment should be confined mainly to the relief of pain and oral sepsis, this would involve a tremendous amount of extra work. At a later date a further Circular from the Board of Education to the effect that treatment should return to normal as soon as possible must have presented the Reception Authorities with a very difficult problem. To a great extent the difficulty solved itself by the drift back to town of many hundreds of children.

A certain number of children, unaware that arrangements existed for treatment where they were evacuated, returned to Leeds for attention at the clinics. Such cases were dealt with but it was pointed out to them that there was no need to incur such a risk. Other children who had not been evacuated also appeared at the clinics. Not all of these were in pain for some were anxious for routine attention.

At the beginning of October the clinics were reopened as it was felt that the thousands of children left in the City should no longer remain without facilities for treatment. Arrangements were made to avoid overcrowding in the clinics and Dental Officers and Attendants made themselves familiar with the nearest Air Raid Shelter and the quickest route thereto so that they might assist any parents and children in the clinics in the event of a raid warning.

The Holbeck Clinic in Sweet Street was not available, having been taken over by the A.R.P. Authorities. This necessitated a rearrangement of the Staff and Holbeck children were invited to attend the Central Clinic.

The first ten days of the reopening were set aside for the treatment of urgent cases but the response was startlingly poor and a contradiction of all previous experience. This may be explained by the supposition that many cases attend as casuals in normal times who are not genuinely requiring urgent attention and that the parents refrained from bringing them except in cases of dire need.

Routine treatment was commenced on the 14th October, the appointment cards going by post to the home addresses. Each clinic was supplied with lists of children known to have been evacuated but the attempt to avoid sending for such cases was to some extent defeated by the difficulty in keeping the list up to date, and by the fact that many children had removed to "safer" parts of the town or had been privately evacuated of whom the clinics had no record.

The response to these invitations was extremely disappointing and proved once more that the greatest influence in getting children to the clinics is the Teacher. After many years of endeavour to instruct parents and children in the welfare of their teeth it is a distinct blow to find that at the first opportunity the teeth are allowed to look after themselves, and to realize that, in the mass, the worth of regular dental attention has hardly begun to be appreciated.

The attempt to treat children from the Holbeck district in the Central Clinic was a complete failure and had to be stopped after a few weeks. Many of the parents who did attend mentioned the distance they had to travel and the time involved in doing so. This is no doubt true and it is hoped that a new centre for treatment will be established in Holbeck before long. The old clinic in Sweet Street had outlived its suitability for the needs of the district owing to the transference of population and closing of schools under

slum clearance schemes. A new clinic, more centrally situated and up to date in other ways is required to serve the area despite the decrease in the population.

Mid way through December the first reopening of schools disclosed some of the difficulties that would be met in trying to return to pre-war working conditions. The chief obstacles were that a nominal roll of the school would only hold good for a few days possibly and the fact that compulsory attendance was not in force.

As more schools became available a reasonable flow of patients was assured and in spite of all the abnormal circumstances it is satisfactory to be able to record that attendances have risen to 60 per cent. of invitations. With the reinstitution of compulsory attendance a still greater improvement will result. In dealing with schools that have reopened there would appear to be a sharp rise in the acceptance rate amongst a type of child whose parent formerly stated that they would attend a private practitioner. The reason for this is not quite clear and it may be only a temporary phase but as the treatment these cases have had in the past has usually been limited to a few extractions, they represent a considerable amount of work to put their mouths in order.

During 1938 certain modifications of treatment were adopted in an attempt to reduce the unduly long interval between inspections and treatment and these alterations were applied even more strictly in the present year. It is most unfortunate that a full year of work has not been possible as certain very necessary information cannot now be obtained.

No comparison with the work of the previous year can be made but it can be said that had the latter part of the year continued at the same rate as the period ended 31st July the output would have been greater than in 1938.

Orthodontic Treatment.

As in past years, children requiring attention for the correction of overcrowding of the teeth where simple extraction would not relieve the case, have been treated by the Leeds Dental Hospital and School. The table following shows the work carried out : —

1. Number of children	..	141
2. Total attendances ..	..	902
3. Completed treatment	..	38
4. Abandoned treatment	..	7
5. Continuing treatment	..	96

The number of completed cases would have been higher but for the fact that the Clinics at the Hospital have been suspended as from July.

Equipment and Materials.

Two of the clinics are equipped with modern machines for the administration of general anæsthetics but in the others the apparatus in daily use is obsolete. This matter is of such importance that it is hoped that circumstances arising out of the war will not prevent the gradual replacement of the out-of-date machines.

The lighting, both natural and artificial, in some of the clinics has never been satisfactory and under A.R.P. Regulations the adverse conditions have been aggravated. Here, again, it is hoped that the Dental Officers concerned may be relieved of unnecessary strain.

The effect of the war upon the price and supply of materials for use in the clinics is already becoming evident but with one or two exceptions the rise in price is not yet very marked. Certain items are unobtainable from the usual sources but a mild degree of judicious purchasing in recent months should prevent the position from becoming acute.

Dental Competition.

A competition for the best cared for teeth was again run in connection with Children's Day. This year an extra age group was included so that children of 9-10 years and 12-13 years were allowed to enter. The Dental Officers inspected 2,825 children and the " Yorkshire Evening Post " as in previous years very kindly gave over 400 prizes. A rise in the number of entries shows that this competition continues to arouse the interest of the children.

Examination of Children Leaving School.

During June and July the examination of nearly five hundred children on the point of leaving school was undertaken. A table of the findings is given on page 38.

The purpose of the inspection was to show

(*a*) The result of not less than five years' regular treatment under the Committee's dental scheme.

(*b*) The difference between (*a*) and those who had refused the scheme.

The children were divided into two groups. Group "A" were those who had accepted treatment at the school clinics during their school life and group "R" those who had not accepted the offer of treatment.

Much of the table is self explanatory and the advantages of regular attention to the teeth are evident but a few points may be amplified as in some of the headings, mere figures cannot give a complete view of the actual findings.

The standard taken as "dentally fit" is not easy to define, as a set formula, which is, perhaps, usual in such investigations, was not the sole basis from which a conclusion was reached. An attempt was made to view the mouth as a whole taking into account not only missing, saveable and unsaveable teeth but also the general condition regarding incidence of caries, degree of calcification, state of gums, amount of care expended on the mouth by ordinary cleaning, type of patient, etc.

This method of deciding whether a mouth is fit or otherwise may rely to a great extent on the judgment and experience of the individual examiner but it is perhaps open to fewer objections than the use of a fixed and arbitrary formula.

The Board of Education have stated that the aim of a school dental service should be to turn the children out of school, "Without the loss of permanent teeth, free from dental disease and trained in the care of the teeth." There is no doubt that this aim and nothing less, will achieve real progress in improving the dental health of the Nation but under the existing conditions of work, general throughout the country for all school dental services, it is an impossible standard to reach. An indication of the enormous development which will be necessary in school dental services and in other directions before this aim can be realised can be gained from the fact that under the Board's standard, only seven out of the 472 cases examined could pass as dentally fit. The point is further driven home when it is known that the 7 cases were "immune" to dental disease and would have been fit in any event. The requirements of the Board of Education may represent an object at which to aim rather than a standard by which to judge a mouth and some elasticity may be permissible for everyday practical purposes.

In each group two percentages were taken when deciding dental fitness. This was done mainly to show the effect of the unduly long interval between treatments in group "A." An average gap of seventeen months since the cases last received attention is far too long. At the inspection only 40 per cent. could pass as dentally fit but immediate treatment of a relatively limited nature would

have raised that figure to 92 per cent. This would also largely hold good if the interval between treatments could be reduced to not greater than twelve months. Perhaps no other single factor can emphasize so much the necessity for some provision being made to bring this about.

During the seventeen months immediately preceding the age of fourteen years it is normally possible for about 12 teeth to erupt into the mouth. These teeth would receive no inspection or treatment during that period so it is not surprising that at the inspection on leaving school, an average of nearly 3 teeth per child showed dental caries, a number being so far advanced as to be unsaveable.

Taking the figures of saveable, unsaveable and missing teeth in both groups it will be seen that an average of 8·5 teeth per child are or were affected by caries in the Acceptance group against an average of 11 teeth per child in the Refusal group.

This would appear to indicate that the liability to dental disease is the same in both groups but through lack of treatment and general neglect of the mouth, the incidence is greater in the "R" group. This difference is much more clearly seen in the extreme variation in the number of unsaveable teeth and in the 1-5 ratio of missing and unsaveable teeth. Again the extent of caries in the saveable teeth is very marked and may best be shown on a time basis as a ratio of about 4-1, that is to say that four teeth in the "A" group could be saved in the time required to conserve one tooth in the "R" children.

The number of cases showing malocclusion is almost the same in both groups if the 31 children in the Acceptances who had been treated for this condition are taken into account. Out of the 43 cases in the "R" group suffering from overcrowding, 11 were of such a nature as to mar the children for life but no case of such severity occurred in the "A" group.

The standard of cleanliness was very much better in the Acceptances but even they were open to some criticism in this respect. Dental hygiene amongst the Refusals did not appear to exist in any degree whatever and two of the cases showed paradontal disease (pyorrhœa).

The effect of these variations between the two groups will have a very great influence upon general health in later years but the immediate result can be very simply stated. Most children in the "Refusal" group would be debarred from certain types of employment, generally of a better paid nature, and for which they might in other respects be quite suitable. In the Acceptance group, with treatment

intervals cut down to not more than twelve months, very few children would have difficulty in finding the employment of their choice, so far as dental condition was concerned.

It is not possible to make every child dentally fit, no matter how efficient or regular the care it receives as congenital or natural defects cannot always be overcome and in some instances an unsatisfactory type of child makes efficient treatment impossible.

The general result of the dental scheme in Leeds is that 23 per cent. of All L children are turned out dentally fit.

Infectious Sickness.

With the exception of Whooping Cough, Mumps and Influenza none of which reached epidemic proportions amongst school children —the quantity of epidemic sickness has been relatively small during the year, especially since the dispersal into country areas. No epidemics have been reported amongst evacuated children, although such might have been expected. Whilst the weather conditions have probably helped, there is much cause for gratitude.

Co-operation.

The co-operation of parents, teachers, enquiry officers and the Juvenile Employment Bureau has been again extremely thorough and helpful, and to all these our thanks are tendered.

The Sub-normal Child

All the Special Schools continued their usual work up to the time of dispersal, and this is not the occasion to discuss them. All that will be done this year will be to describe the evacuation thereof, and to make a few suggestions about a possible re-opening.

The children attending these Schools could not be sent into private billets and attend ordinary elementary schools, and they were sent as units into either houses placed at the disposal of the Committee by their owners or into empty ones taken on requisition and furnished entirely with beds, etc., from existing schools and the Training College. The children all travelled by char-a-banc accompanied by their teachers and other necessary staff, and the furniture and equipment in removal vans previously arranged for by the good offices of the Traffic Commissioner. Even on the day of dispersal, every child was adequately fed and bedded down properly without any fuss—a very fine piece of work on the part of the teachers and helpers.

Staffing of these places had been a big undertaking, and has been met by using those already in the Committee's service at various Special Schools, Central Kitchen and so forth, whose work automatically ceased when schools were closed.

It is of importance to these children that their education is continued under such conditions as is best suited to their particular defect in environment, curriculum and equipment and, therefore, this group must be removed in units which will need larger staffs than Hostels for average children.

The dispersal of these has been as follows :—

1. *Blind, Partially Sighted, Deaf and Partially Hearing* to The James Graham Open Air School and Farnley Hall (lent to the Committee by Mr. Robert Armitage).

School work is entirely done in the Open Air School classrooms—feeding in the school dining hall and, in general, Farnley Hall is only used for dormitory purposes.

It is an unpleasant fact, here as in other Special Schools, that, whilst the outside cases returned in force, Leeds parents have not taken full advantage of the chances offered to their children who have been deprived of suitable education and are not regarded as fit to take their place in ordinary schools. Here there still is overcrowding, but it is hoped that this will be overcome in the near future, but suitable premises are not easy to find, especially with the bed space now required.

2. *The Physically Defective Children* were sent into the Wetherby area, largely to an empty house (Parkhill) which has been requisitioned and partly to Wighill Park, by the kind co-operation of Major Ingham. Again, the number who left the city was smaller than the actual acceptance, but also it must be noted with regret that many parents preferred to keep their children at home. Further, the rate at which children were brought back was very disturbing, and it was found possible to release the billets at Wighill Park. The children who still remain have made wonderful progress in every way and certainly justify their removal. They have their own special furniture, and are under the care of their own teachers, but there is not room for more children.

3. *Feeble-minded Children.* Girls were sent to Hickleton Hall (lent by Viscount Halifax) and here the above remarks apply even to a greater extent, for the number remaining is only a very small percentage of those available. Hickleton could accommodate more girls, but could not take anything like the total number eligible. Again, the improvement in the children is remarkable. The boys of this type went to our own School Camp at Nessfield, which was closed for normal use on the declaration of war. Whilst this was most satisfactory for some weeks, the absence of lighting and heating made it impossible for winter occupation. The School was, therefore, transferred to an empty house in Ilkley (One Oak), the

owner of which has been particularly helpful. The number remaining here, whilst only a small proportion of those eligible, will not permit of many new comers. The success is undoubted.

4. *The Hunslet Nursery School* was sent in two parts, one to Bramham Park (part of which was put at our disposal by Lord Bingley) and the other to Sicklinghall Grange (similarly offered by T. H. Hinchcliffe, Esq.). Whilst the latter still remains in occupation, the children at Bramham Park were later removed to a nearby house as, much to the regret of both Lord and Lady Bingley, the rooms were required for other purposes. Again, there is no doubt of the benefits which the children have received and one can only regret that greater use has not been made by parents of the facilities provided.

Many important points arise in connection with the subnormal child under the present circumstances. For example, at least two-thirds of the physically defective children belonging to the Potternewton Park School are now back in Leeds and are receiving neither education nor treatment and, in general, are not suitable for the ordinary school, or they would not be certified for Potternewton.

With the reintroduction of compulsory attendance you will doubtless desire to consider the opening of all the Special Schools, and the big problems in so doing appear to be those of staff and transport. Most of the staff is already in the safer areas with only a small number of the children and, although the proportion may appear heavy, it must be remembered that it would not need much increase, if any, for twice the number of children. I think I may say that the Special Visiting Committee did not find themselves able to suggest many reductions. Further, it will be agreed that under residential conditions, the hours of duty must be longer than those of a day school, and it may be said that the staff is on duty when on the premises, whether teachers or otherwise.

Special Schools cannot be as near home as might be wished and therefore, the question of transport must be considered. For the Open Air School normally five buses have been in daily use, and two for the Physically Defective School. Rearrangement of journeys, with a possible increase in the number of buses, would enable every Special School child to make regular attendance with every hope, in addition, of overcoming parental objection. Permission to attend other schools of parents' choice will not benefit the children.

Whilst two Special Schools are already open, there are still about three hundred children not in attendance at present, who

need the extra care if they are to have any chance in life. Some may be able to travel by tram, but the majority cannot and an organised system of collection and delivery is not impossible. I have been given to understand that the Traffic Commissioners would look on such a scheme with very sympathetic eyes.

Various questions arise—

1. How are these children who remain at home to be dealt with? Are Special Schools to be reopened and ascertainment resumed?

2. What is to happen to those subnormal children who are in safer areas, where the units have fallen below an economical level?

3. What is to happen to subnormal children in the event of a further evacuation? Premises cannot be obtained and equipped at short notice, and there is not power to secure and equip them in readiness. Ought there to be a national register of premises which will be available?

Dr. Willcock reports:—

The James Graham Open Air School.

"The School was open only during the Spring and Summer Terms in 1939. During the Spring Term the residents were boys; during the Summer Term girls. Greater advantage than ever before was taken of the opportunities for outdoor activities.

Since the outbreak of war the School has not been available for Open Air School cases. Children suitable for admission to the School are being listed by the School Medical Staff at their visits to the Elementary Schools of the city, so that everything will be in readiness when it is decided to reopen the School.

Lawns House should be restored to its normal function as soon as possible.

The Table below shows the gain in weight made by the children during the two terms when the School was open:—

	Spring Term	Summer Term
Whole School	2·52 lbs. (223)	3·17 lbs. (224)
Residents	3·36 lbs. (25)	6·43 lbs. (25)
Day Children	2·40 lbs. (198)	2·76 lbs. (199)
Girls	2·58 lbs. (123)	3·71 lbs. (121)
Boys	2·45 lbs. (100)	2·54 lbs. (103)
1. Cases of Subnormal Nutrition, Anaemia, etc.	2·75 lbs. (131)	3·26 lbs. (124)
2. Cases of Quiescent and Arrested Tuberculosis	2·00 lbs. (23)	3·36 lbs (23)
3. Cases of Bronchitis, Pulmonary Fibrosis, etc.	2·03 lbs. (40)	2·34 lbs. (49)
4. Cases of Rheumatism	3·33 lbs. (20)	4·08 lbs. (28)

The figures in brackets give the number of children in each group.

Speech Therapy.

Mrs. Jackson continued her work as usual to the end of the summer, 20 girls and 85 boys attending the classes. 52 have been discharged as cured and 8 have made such progress as to need only one lesson a week.

Whilst most of her pupils are stammerers, she has dealt with many other speech defects which require individual attention. It is interesting to note that three of the boy pupils won scholarships, and although it is not suggested that speech therapy was the reason, their whole make up improved when they could speak with ease and clarity.

Since war began, Mrs. Jackson has spent much of her time in individual tuition to children in their own homes and whilst this idea has been excellent in gaining the co-operation of the parents and a more intimate knowledge of the environment—two essentials for success—fewer children have been treated. The absence of class work can so easily increase the feeling of isolation which is one of the stammerer's chief troubles, and parents who bring their children have missed some of the chance of talking over their difficulties with others, especially when there is some "problem" to be faced.

It is more than likely that the present troublous times will increase the numbers of children with speech defects, and it is hoped that Centres can be reopened very shortly.

Child Guidance Clinic.

No start has been made in this important subject, and I again stress the urgent need of trained educational Psychologists as a beginning.

Nursery Schools and Classes.

Dr. Prince continued her work and the records obtained will be of value in the future. I am convinced that the Nursery Blocks at Coldcotes, for example, have much to commend them over a separate school as there can be more continuity of action.

Secondary Schools.

Up to the 31st July, the Secondary Schools were visited and inspected in the usual way. There have been no changes in the procedure.

It is hoped to resume the visits by the Doctors at an early date, as it is felt that the need for supervision in these schools is particularly important.

After Care.

I regret that nothing has been done for the after-care of those exceptional children who do not get any protection by such legislation as the Blind Persons Act. Such after-care must begin before the child leaves school and continue until it is no longer needed.

Whilst the Juvenile Employment Bureau is very helpful in every possible way, a special officer who might not be fully employed over these cases is urgently required.

Training Colleges.

The war-time transfer of the Training College to Scarborough has had an adverse effect on the point mentioned last year of the importance of seeing the school medical records of prospective entrants. It is of the utmost importance that only suitable people shall be admitted to the Profession and a medical examination by a stranger without previous knowledge of the candidate is not always certain of accurate findings if there is any concealment, intentional or not.

All other statutory duties in the way of Higher Education have been fulfilled.

Children's Day.

This proved to be as popular as ever. 1,228 children were presented for examination in the Healthy Children's Competition, 996 being from Leeds and 232 from other areas. Dr. Nutt examined all the outside Leeds cases, as Dr. Wear felt himself unable to continue. 2,825 children (all from Leeds) were examined in the Dental Competition.

The prizes were again given by the " Yorkshire Evening Post," which again showed itself to be a real friend to the children.

The final judges were :—

Dr. Hill, Medical Officer of Health, Morley.
Dr. Murray Wilson, Leeds.
Mr. F. W. Goyder, Bradford,

all of whom expressed their pleasure in being invited to take part.

Remand Home.

All duties have been fulfilled and the only change to note is the arrival of the new Superintendent, Mr. Pickering, who has proved most helpful by his powers of observation. His knowledge of troublesome boys obtained during his time at Approved Schools is of great service to the medical staff.

We appreciate the kind remarks made on our services by the Juvenile Bench.

Clinic Services.

Whilst it is realised that the provision of new clinics by building is not possible just now, accommodation in the Holbeck area is a real and urgent need. The old clinic in Sweet Street is now converted into a gas decontamination centre. To work there in its present state would be impossible, and the alterations we need would spoil its efficiency when it is used for anti-gas purposes. Further, owing to the clearance around it, the situation is now wrong and it would be wasteful to spend money there. To serve the schools in the area adequately, a more central site is required and it is hoped that a satisfactory solution can be presented to you for approval shortly. Otherwise, work can continue in full.

Conclusion.

In conclusion, Mr. Chairman, Ladies and Gentlemen, may I, on behalf of my colleagues, express thanks to you for your constant consideration, to the Director and office staff for their invariable support, to the teachers of Leeds for their wonderful co-operation in working for the children, to Dr. Jervis and all his colleagues in the Public Health Services for their assistance and, lastly, to the Medical Profession of the city for its co-operation which increases every year.

I have the honour to sign myself,

Your obedient Servant,

G. E. St. CLAIR STOCKWELL,

School Medical Officer.

APPENDIX.

MEDICAL INSPECTION RETURNS
YEAR ENDED 31st DECEMBER, 1939.

TABLE I.

Medical Inspections of Children attending Public Elementary Schools

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A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.	
Entrants	3,942
Second Age Group	3,631
Third Age Group	3,553
TOTAL	11,126
NUMBER OF OTHER ROUTINE INSPECTIONS	585
GRAND TOTAL	11,711

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS AND RE-INSPECTIONS ..	35,715

TABLE II.

Classification of the Nutrition of Children Inspected During the Year in the Routine Age Groups up to 31st August, 1939.

AGE GROUPS.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	3,942	490	12·4	3,055	77·5	390	9·9	7	0·2
Second Age-group ..	3,031	493	13·6	2,612	71·9	513	14·1	13	0·4
Third Age-group ..	3,553	507	15·9	2,537	71·4	443	12·5	6	0·2
Other Routine Inspections	585	81	13·8	411	70·3	91	15·6	2	0·3
TOTAL	11,711	1,031	13·9	8,615	73·6	1,437	12·3	28	0·2

Of the 1,437 cases classified "C" (slightly subnormal) :-
484 were referred for treatment.
305 were referred for observation.
648 no action deemed necessary.
Of the 28 cases classified "D" (Bad) :-
24 were referred for treatment.
3 were referred for observation.
1 no action deemed necessary.

TABLE III.

Blind and Deaf Children who are not at the present time receiving education suitable for their special needs.

Blind Children.

No. of Children	At a Public Elementary School	At another Institution	At no School or Institution
0			0

All the children (except one awaiting a vacancy) were in attendance at the School for Blind Children before the outbreak of war.

Deaf Children.

No. of Children	At a Public Elementary School	At another Institution	At no School or Institution
10			10

All the children were in attendance at the School for Deaf Children before the outbreak of war.

TABLE IV.

Treatment Tables, 1939.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI.).

Disease or Defect.	Number of Defects Treated, or Under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp—			
(i.) X-ray Treatment.	11		11
(ii.) Other Treatment	30	6	36
Ringworm—Body	65	7	72
Scabies	1,140	173	1,313
Impetigo	783	22	805
Other skin disease	6,411	155	6,566
Minor Eye Defects			
(External and other, but excluding cases falling in Group II.) ..	705	140	845
Minor Ear Defects	1,123	119	1,590
Miscellaneous			
(*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	3,050	1,175	4,225
Total	13,351	2,124	15,475

TABLE IV.—continued

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects Dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	3,773	384	4,157
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
Total	3,773	384	4,157
No. of children for whom spectacles were (*a*) Prescribed	2,737	77	2,814
(*b*) Obtained	4,490*	77	4,567

* Includes alterations to lenses and spectacles replaced without further refraction.

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)		
2	3	53	1	7	1	884	38	9	4	937	39	2,686	3,675

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids. (iv.) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number Treated.
	Residential Treatment with Education.	Residential Treatment without Education.	Non-Residential Treatment at an Orthopædic Clinic.	Residential Treatment with Education.	Residential Treatment without Education.	Non-Residential Treatment at an Orthopædic Clinic.	
Number of children treated	7	32	1,052	50	207	142	1,490

Table V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist:
(*a*) Routine age-groups.

Age	5	6	7	8	9	10	11	12	13	14	Total
Number	-	1,852	2,130	2,370	2,208	2,043	1,750	1,340	1,104	120	14,089

(*b*) Specials	4,983
(*c*) TOTAL (Routine and Specials)	19,072
(2) Number found to require treatment	17,263*
(3) Number actually treated	17,096†
(4) Attendances made by children for treatment	28,648

(5) Half-days devoted to:—			
Inspection	104		
Treatment	4,363		
TOTAL	‡4,467		
(6) Fillings:—			
Permanent Teeth	19,934		
Temporary Teeth	23		
TOTAL	19,957		
(7) Extractions:—			
Permanent Teeth		6,222	
Temporary Teeth		24,789	
TOTAL		31,011	
(8) Administrations of general anæsthetics for extractions		14,232	
(9) Other Operations:—			
Permanent Teeth		2,760	
Temporary Teeth		13	
TOTAL		2,773	

* Includes 4,983 Casuals.
† Includes 4,510 Casuals.
‡ Closed at the outbreak of war, the Clinics were re-opened for "Casual" attendance on the 4th October. The response was almost nil and attendance by invitation was resumed on the 16th October.
The figure 4,467 includes 216 sessions (4th to 14th October inclusive) for which very little work is shown.
It does not include:—
1. 278 sessions spent in other work, *e.g.*, Supervisory, X-Ray, Orthodontic, A.R.P., etc.
2. The period from the outbreak of war to the re-opening of the Clinics. During this time the Dental Officers were engaged in work at First Aid Posts.

TABLE VI.—Uncleanliness and Verminous Conditions.

(1) Average Number of Visits per School made during the year by the School Nurses	29
(2) Total Number of Examinations of Children in the Schools by School Nurses	136,089
(3) Number of Individual Children found unclean	6,798
(4) Number of Individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921	539
Number of Cases in which legal proceedings were taken:—	
(*a*) Under the Education Act, 1921	18
(*b*) Under School Attendance Byelaws	32

TABLE VII.

Other Forms of Treatment.

Defect.	Number of Defects Treated or under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Heart and Circulation	—	303	303
Lungs	7	772	779
Malnutrition	251	1,980	2,231
Other Defects	67	1,222	1,289
Total	325	4,277	4,602

TABLE VIII.

Number of Exclusions, 1939.

Defect.	Referred for Exclusion by		Total.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	3	1,626	1,629
Uncleanliness of Body ..	1	73	74
Ringworm	9	12	21
External Eye Diseases ..	9	5	14
Scabies	134	310	444
Other Skin Diseases	19	131	150
Other Diseases	7	5	12
Vision	1	—	1
Total 1939	183	2,162	2,345
Total 1938	369	3,308	3,677

TABLE IX.

Average Height.

Age last Birthday.	Elementary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	595 (1,053)	557 (982)	40·0 (39·9)	39·6 (39·7)
5	833 (1,290)	816 (1,309)	42·1 (42·4)	41·6 (41·7)
8	1,795 (2,704)	1,836 (2,817)	48·6 (48·7)	48·2 (48·4)
12	1,647 (2,575)	1,709 (2,460)	55·6 (55·7)	56·5 (56·7)

The figures in brackets are those for 1938.

TABLE X.

Average Weight.

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	595 (1,053)	557 (982)	38·1 (37·6)	36·8 (36·7)
5	833 (1,290)	816 (1,309)	41·3 (41·2)	39·7 (39·7)
8	1,795 (2,704)	1,836 (2,817)	55·1 (55·3)	53·7 (53·5)
12	1,647 (2,575)	1,709 (2,460)	77·8 (77·5)	80·9 (81·1)

The figures in brackets are those for 1938.

Table XI.

Dental Inspection and Treatment at Schools for Higher Education and Special Schools.

(1) Number of children inspected by the Dentist—

(*a*) Routine Age Groups—

Age.	Schools for Higher Education.	Special Schools.
6	—	8
7	—	15
8	—	35
9	—	24
10	2	38
11	12	27
12	23	29
13	50	31
14 and over	155	34
Total	242	241

(*b*) Specials	5	37
(*c*) Total (Routine and Specials)	247	278
(2) Number found to require treatment ..	220	205
(3) Number actually treated	174	190
(4) Attendances made by children for treatment	445	238
(5) Half days devoted to—		
Inspection	2	1½
Treatment	85	31½
(6) Fillings—		
Permanent Teeth	563	117
Temporary Teeth	—	—
(7) Extractions—		
Permanent Teeth	148	155
Temporary Teeth	41	144
(8) Administrations of General Anæsthetics for Extractions	97	145
(9) Other Operations—		
Permanent Teeth	106	16
Temporary Teeth	2	—

TABLE XII.

Summary of Uncleanliness Records at Nurses Routine Inspections.

Children who have had	Number.	Children who have been excluded	
1 notice	3,373	Once	1,168
2 notices	1,850	Twice	129
3 ,, ...	1,259	Three times	11
4 ,, ...	313		
5 ,, ...	74		
6 ,, ...	7		
7 ,, ...	7		

TABLE XIII.

Number of Children on Roll in Special Schools on 31st July, 1939.

School.	Number on Roll.		
	Leeds Cases.	Outside Cases.	Total.
Feeble Minded—			
Armley	87	—	87
East Leeds	88	—	88
Hunslet Hall Road	66	—	66
Hunslet Lane Senior Boys	125		125
Lovell Road	55	—	55
Deaf and Partially Deaf	61	49	110
Blind and Partially Sighted—			
Blind—Blenheim Walk	16	43	59
Partially Sighted—Blenheim Walk ..	4	36	40
,, ,, Roundhay Road ..	40	—	40
Physically Defective—			
Potternewton	98	—	98
The James Graham Open Air School ..	240	—	240

In addition, on the 31st December, 1939, the Education Authority was responsible for the maintenance of Leeds children in Residential Schools as follows :—

Cripples—

Marguerite Home, Thorparch 5
Heritage Craft School, Chailey 1

Heart Cases—

St. Joseph's, Liverpool 1

Epileptics—

Lingfield 3
Chalfont 2

Deaf—

Boston Spa 1
Rayners, Penn (Deaf & Mentally Defective) .. 1

Partially-Sighted—

White Oak Hospital, Swanley 1

Mentally Defective—

Besford Court 2
Sandlebridge 1

TABLE XIV.

Dental Inspection of Children Leaving School—Age 14 years.

Group	No. inspected	Number of Permanent Teeth.								Showing Malocclusion		Immune to Dental Caries		Dentally Fit		Possible fit after immediate Treatment	
		Missing	Average per Case	Unsaveable	Average per Case	Saveable able	Average per Case	Filled	Average per Case	No.	%	No.	%	No.	%	No.	%
A Acceptances	237	*240	1·04	84	0·35	501	2·5	1,115	4·7	9†	3·8	5	2·1	95	40·0	218	92·0
R Refusals ..	235	408	1·74	815	3·5	1,348	5·7	11	0·05	43	18·3	4	1·7	12	5·0	105	44·5

Average length of time since previous treatment in Group "A" -17 months.

*Does not include 92 teeth removed for Regulation purposes.

† Does not include 31 cases treated for Malocclusion.

In Groups "A" and "R" 14 and 40 cases respectively showed acute gum conditions through lack of dental hygiene, untreated, crowding, etc.